

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number. (Optional)

312762001800

In re Application of  
Ming ZHAO et al.

Application Number

09/427,699

Filed

27 October 1999

For

TREATMENT OF ALOPECIA

Group Art Unit

1632

Examiner

Shin-Lin Chen, Ph.D.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1))

\$ \_\_\_\_\_

☒ Two months (37 CFR 1.17(a)(2))

\$ \_\_\_\_\_

☐ Three months (37 CFR 1.17(a)(3))

\$ \_\_\_\_\_

☐ Four months (37 CFR 1.17(a)(4))

\$ \_\_\_\_\_

☐ Five months (37 CFR 1.17(a)(5))

\$ \_\_\_\_\_

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 200.00.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **03-1952**. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.I am the ☐ applicant/inventor☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

March 6, 2002

Date

Signature

Carolyn A. Favorito

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.